

GET MOTHERS IN FOR PRENATAL CARE

early and often



TOP 3 BARRIERS TO EARLY PRENATAL CARE IN SD

BY MOTHER'S RACE

- WHITE**
- + Could not get an appointment when she wanted one (34%)
 - + Did not know she was pregnant (33%)
 - + Doctor or health plan would not start care as early as wanted (26%)

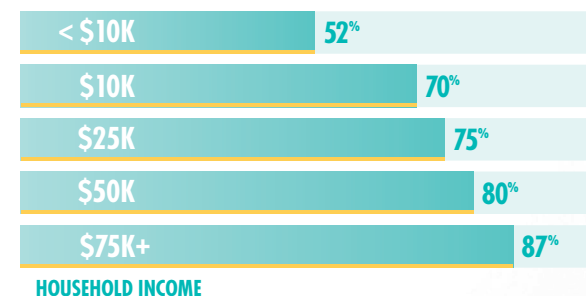
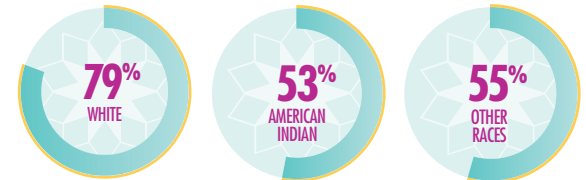
- NATIVE AMERICAN**
- + Did not know she was pregnant (47%)
 - + Had too many other things going on (42%)
 - + Had no transportation to get there (34%)

- OTHER RACES**
- + Could not get an appointment when she wanted one (33%)
 - + Did not have enough money or insurance to pay for visits (32%)
 - + Did not have a Medicaid card (30%)

Early and adequate prenatal care is **IMPORTANT** to improve pregnancy and birth outcomes.*

EARLY PRENATAL CARE is influenced by race & income*

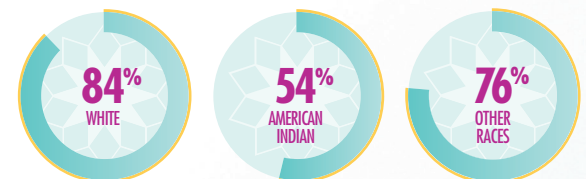
Mothers with prenatal care in their 1st Trimester



HOUSEHOLD INCOME

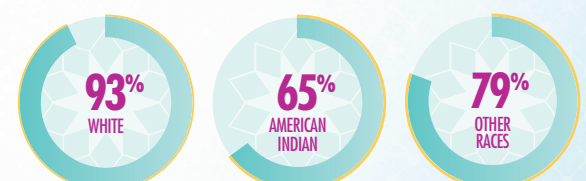
ADEQUATE PRENATAL CARE is influenced by race & education*

Mothers who attended 80%+ scheduled visits



MATERNAL EDUCATION

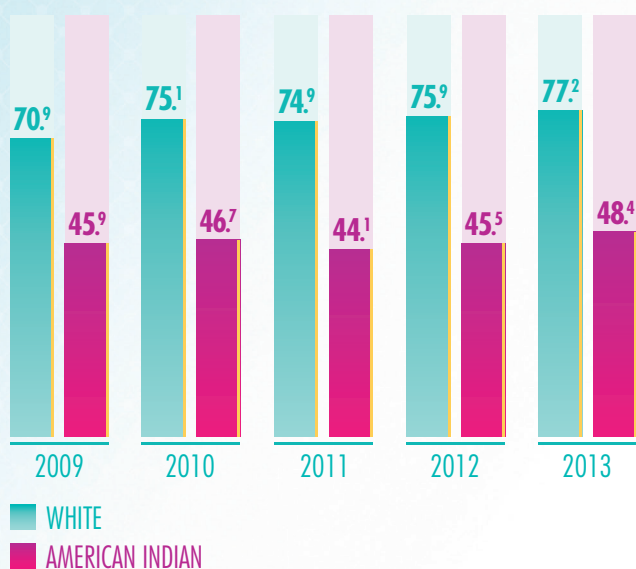
Mothers who **BEGAN PRENATAL CARE** as early as they wanted*



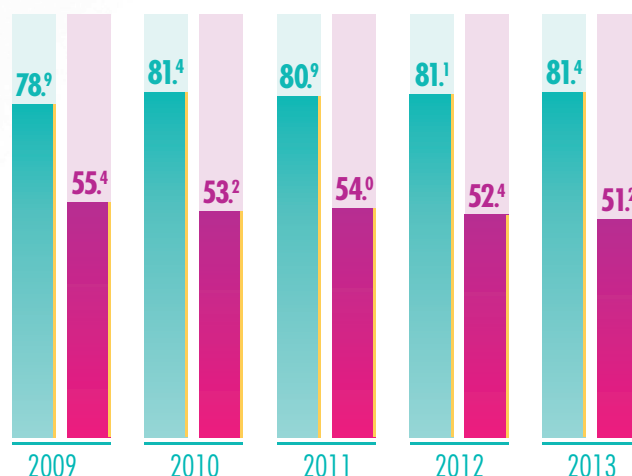
* Early prenatal care defined as care beginning in first trimester; adequate care defined as attending 80% or more of scheduled prenatal care visits based on when prenatal care began.

* Data from South Dakota PRAMS-like report. Full report: doh.sd.gov/documents/statistics/2014-SD-PRAMS.pdf

Percent of mothers who began prenatal care in **FIRST Trimester**



Percent of mothers who had **ADEQUATE** prenatal care



what can we DO?



- 1 Promote yearly check-ups for all women of childbearing age
- 2 Talk to your patients about the early signs of pregnancy during their yearly check-up
- 3 Make scheduling new pregnant moms a priority in your clinic/facility
- 4 Refer uninsured women to Medicaid or Healthcare.gov to get coverage
- 5 Support community efforts to provide public transportation
- 6 Encourage participation in Text4Baby (Text4Baby.org)

